

021104

14042 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No.
5016022278 U.S. PTO
10/776069

021104

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) first named inventor, Susan Q. Sanders,
entitled An Improved Internet Directory System, for a(n):

(X) Original Patent Application, *claiming priority to provisional*

(X) Continuing Application (prior application not abandoned):

- () Continuation (X) Continuation-in-part (CIP)
() Divisional () Request for continued examination

of prior application No: _____ Filed on: _____

(X) A statement claiming priority under 35 USC § 119(e) has been added to the specification.

Enclosed are:

(X) Specification; 28 Total Pages.

(X) Drawing(s); 6 Total Sheets.

() Oath or Declaration:

() A Newly Executed Combined Declaration and Power of Attorney:

() Signed. () Unsigned. () Partially Signed.

() A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).

() Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the
oath or declaration is supplied, is considered as being part of the disclosure of the accompanying
application and is hereby incorporated herein by reference.

() Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).

() Power of Attorney.

(X) Return Receipt Postcard.

() Associate Power of Attorney.

(X) A Check in the amount of \$529.00 for the Filing Fee.

() Preliminary Amendment.

(X) Information Disclosure Statement and Form PTO-1449. + \$180.

(X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.

() A Certified Copy of Priority Documents (if foreign priority is claimed).

(X) Applicant claims small entity status.

() Other: _____

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	36	16	\$ 9.00	\$ 144.00
Independent Claims	2	0	\$ 43.00	\$ 0.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$0.00
Basic Filing Fee				\$ 385.00
Total Filing Fee				\$ 529.00

Charge underpayment or credit overpayment to Deposit Account 50-1753 (50160) pursuant to 37 CFR § 1.25. At any
time during the pendency of this application, please charge any fees required or credit any overpayment to this Deposit
Account.

Respectfully submitted,

By: Sue Shaper

Sue Z. Shaper, Attorney of Record, Reg. No. 31663

Date: 2/11/14

Correspondence Address:

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Houston, Texas 77027
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Fax: 713 550 5709

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By: Sue Shaper

Typed Name: Sue Z. Shaper

Express Mail Label No.: EL 977589035

Date of Deposit: 2/11/14



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PATENT TRADEMARK OFFICE

14042 U.S. PTO
021104

PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td></td></tr> <tr><td>Filing Date</td><td></td></tr> <tr><td>First Named Inventor</td><td>Sanders, et al.</td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Art Unit</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>50160</td></tr> </table>		Application Number		Filing Date		First Named Inventor	Sanders, et al.	Examiner Name		Art Unit		Attorney Docket No.	50160
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<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT (\$) 529.00															

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																														
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1753 (50160) Deposit Account Name: _____ The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<h3>3. ADDITIONAL FEES</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<p>Other fee (specify) _____</p> <p style="text-align: right;">SUBTOTAL (3) (\$) 709.00</p>																																																																																																																																																																															

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Sue Z. Shaper	Registration No. (Attorney/Agent)	31663
Signature	<i>Sue Shaper</i>	Telephone	713 550.5710
		Date	2/11/14

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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